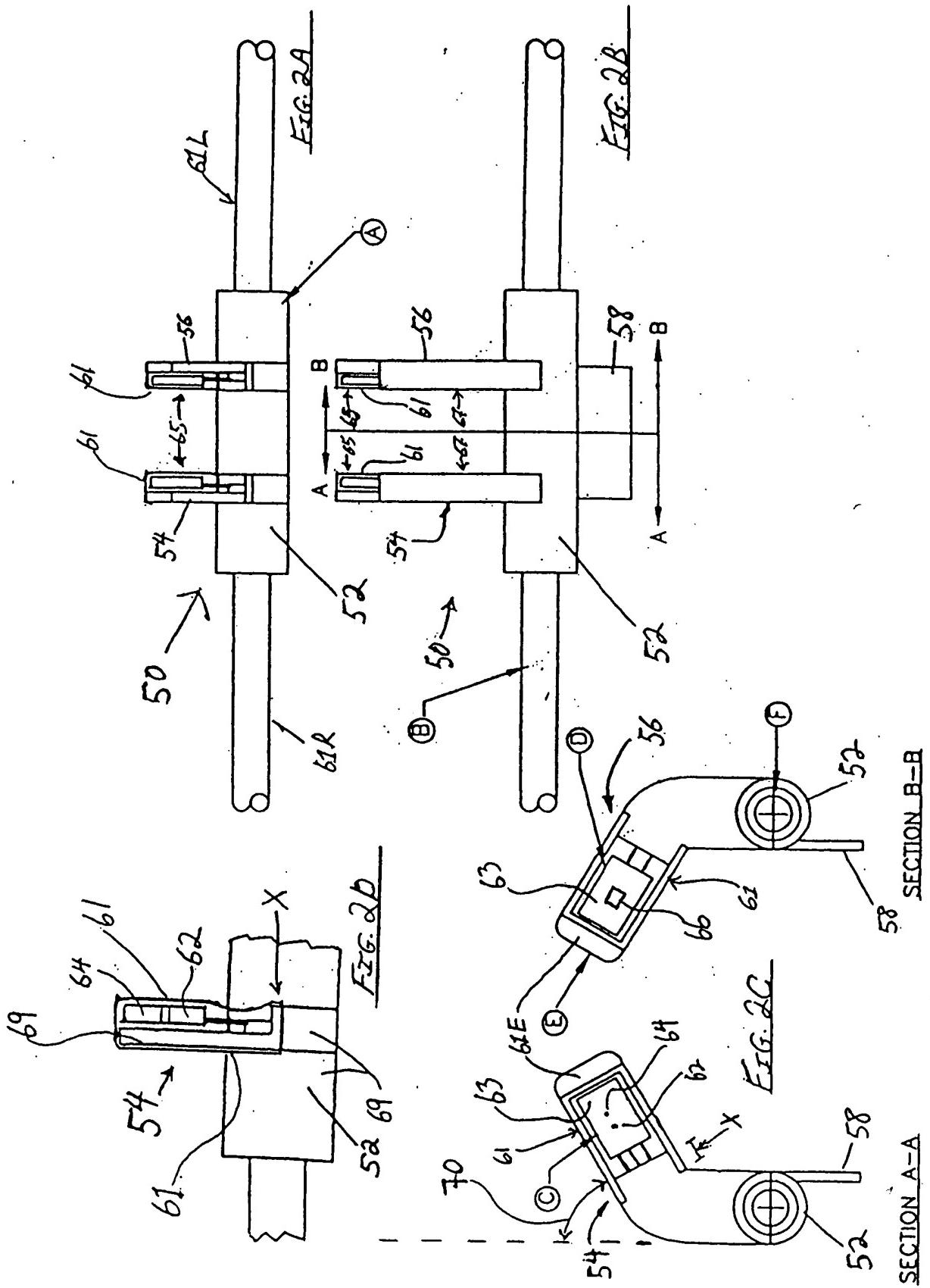
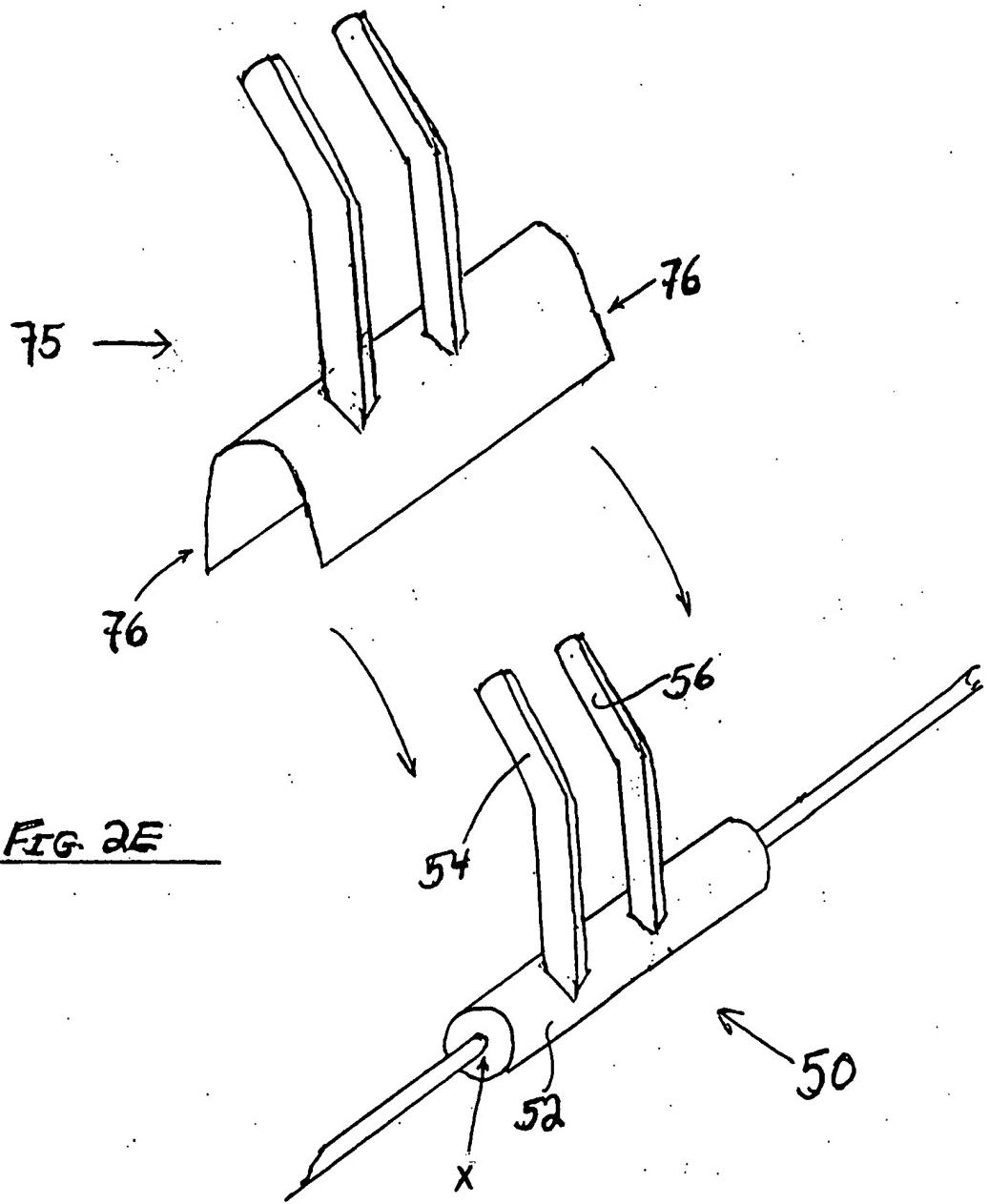


FIGURE 1

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BEST AVAILABLE COPY



BEST AVAILABLE COPY

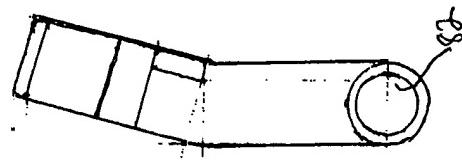


FIG. 2G

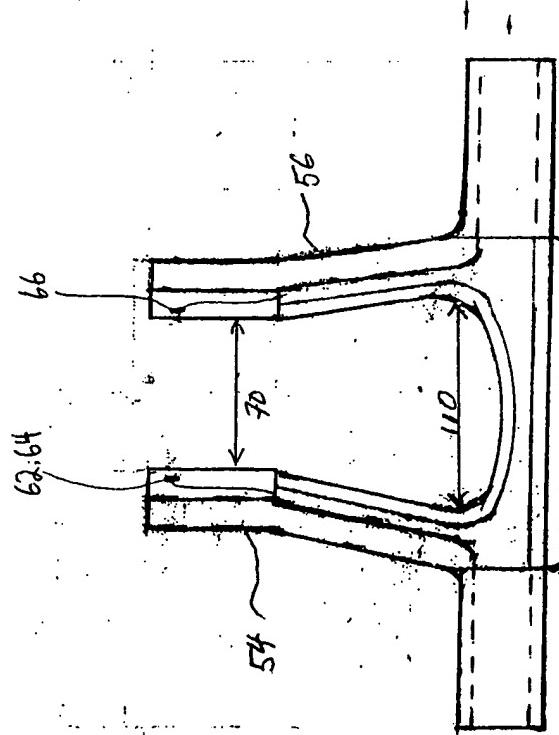
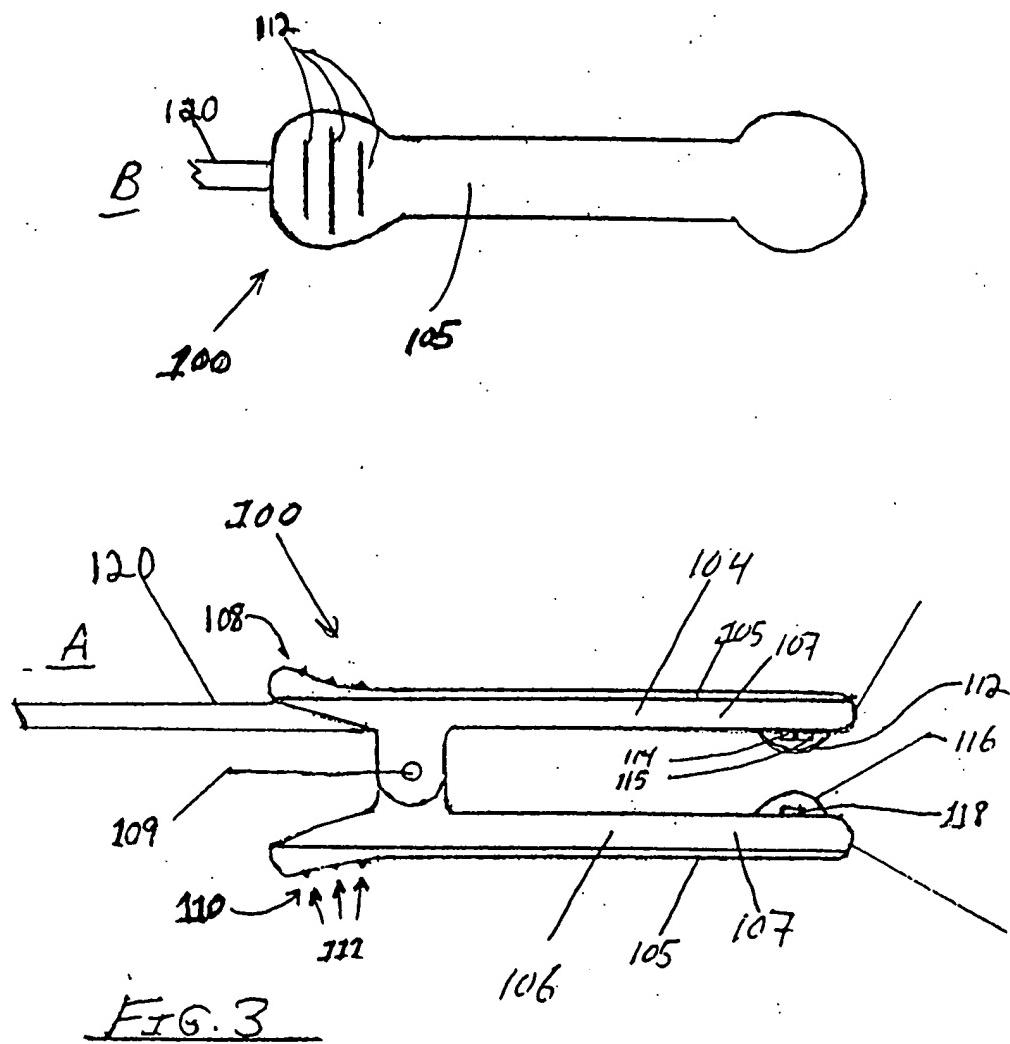


FIG. 2F

BEST AVAILABLE COPY



BEST AVAILABLE COPY

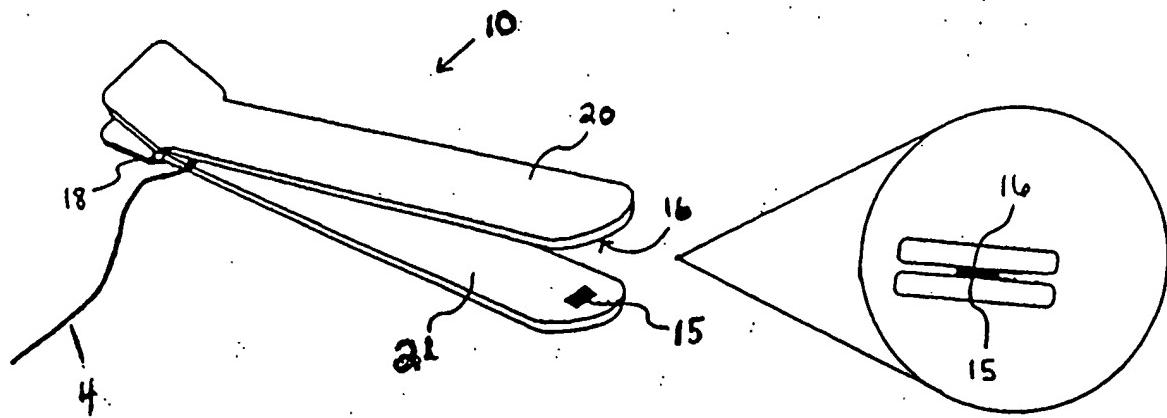


FIGURE 4

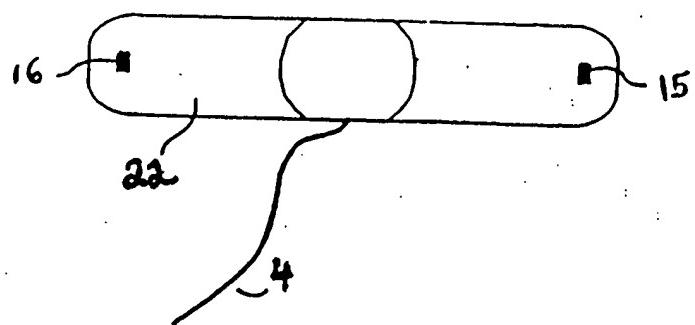


FIGURE 5

BEST AVAILABLE COPY

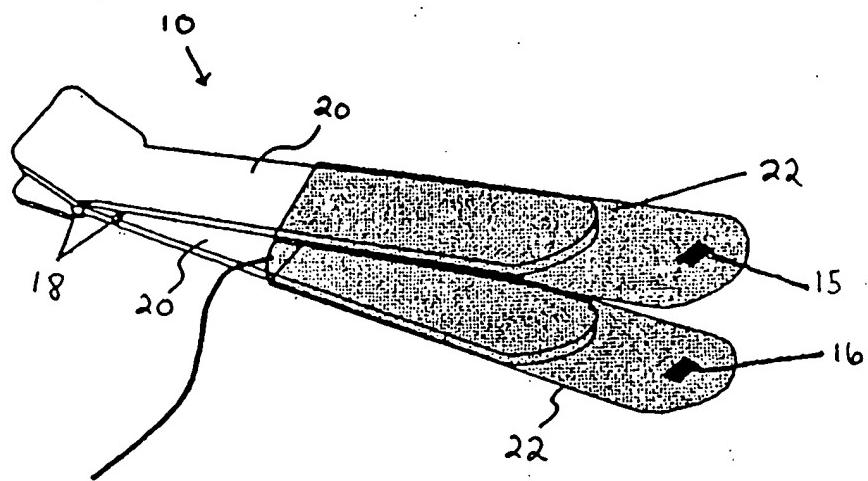


FIGURE 6

BEST AVAILABLE COPY

A METHOD OF USING IDENTIFYING AND MONITORING
VASCULAR PERfusion/RESISTANCE

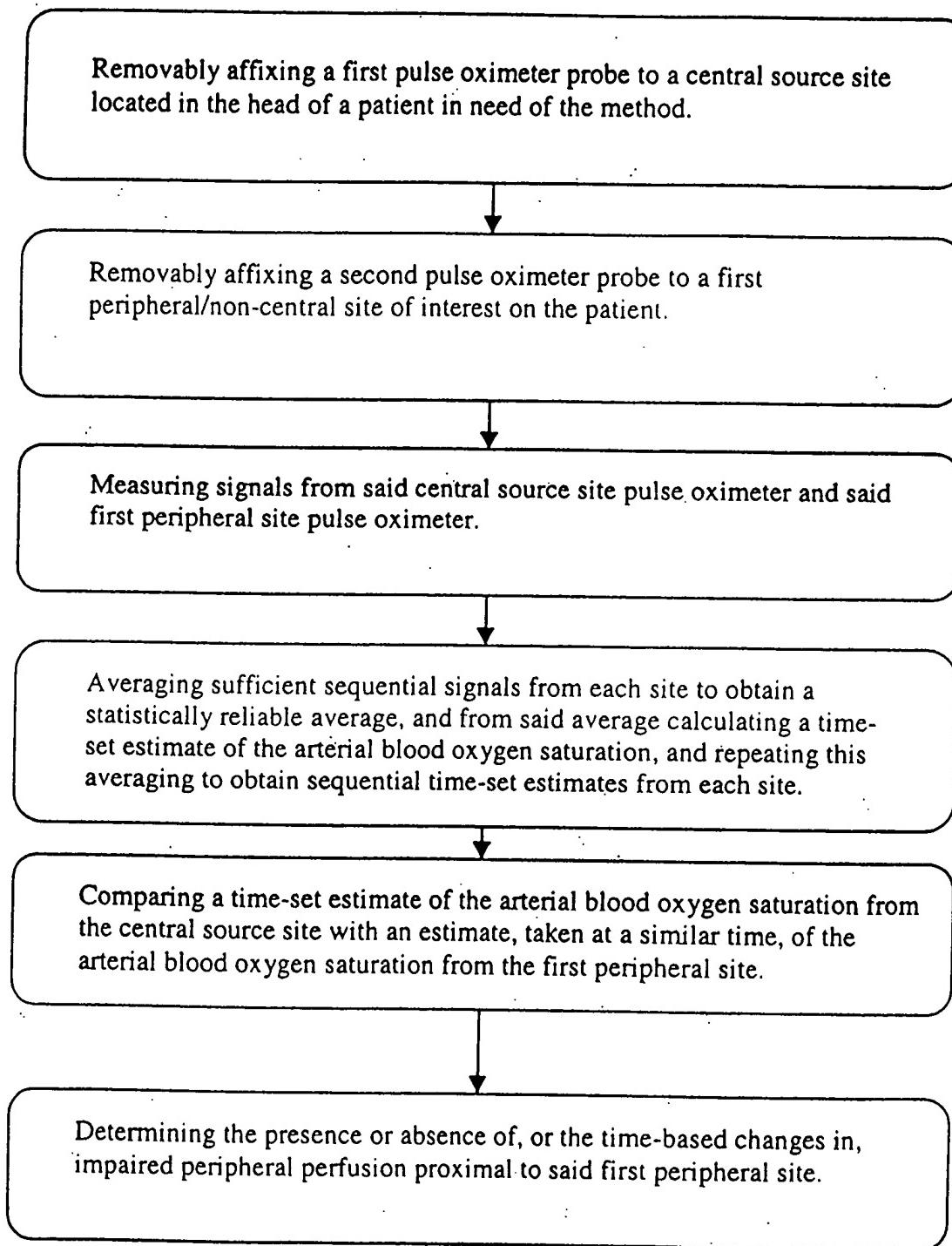


FIGURE 7

BEST AVAILABLE COPY

FIGURE 8B

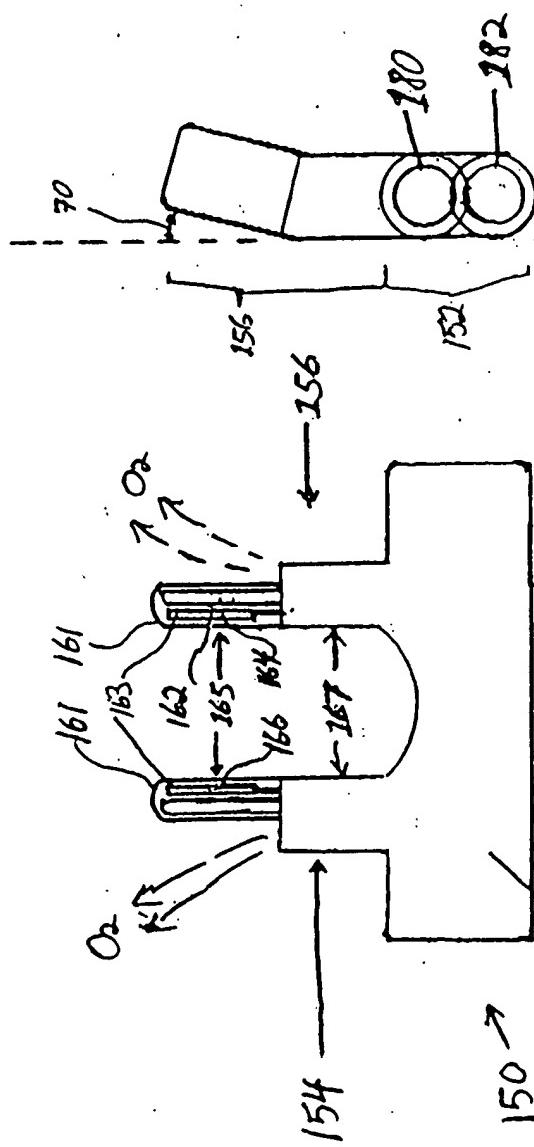
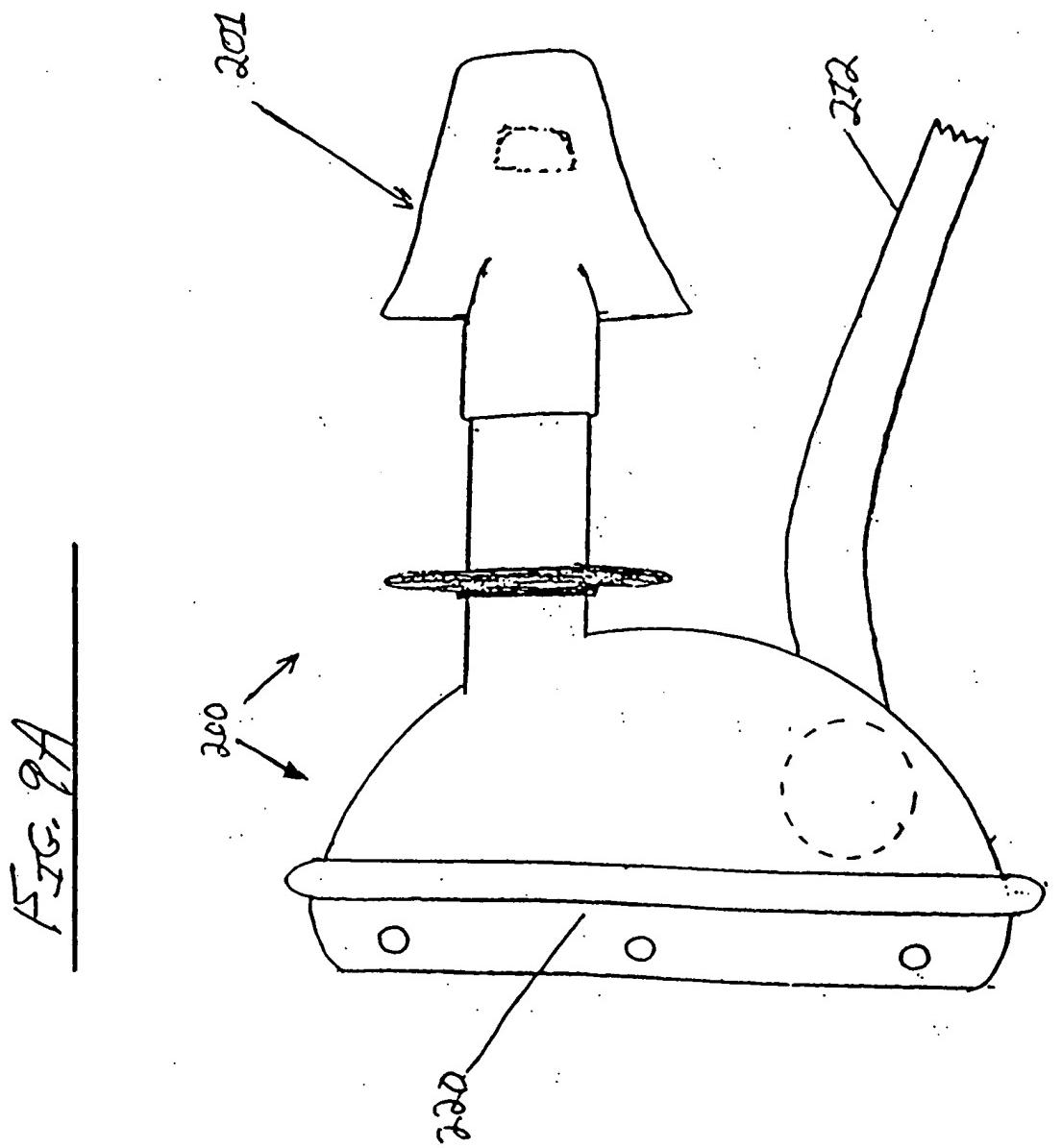


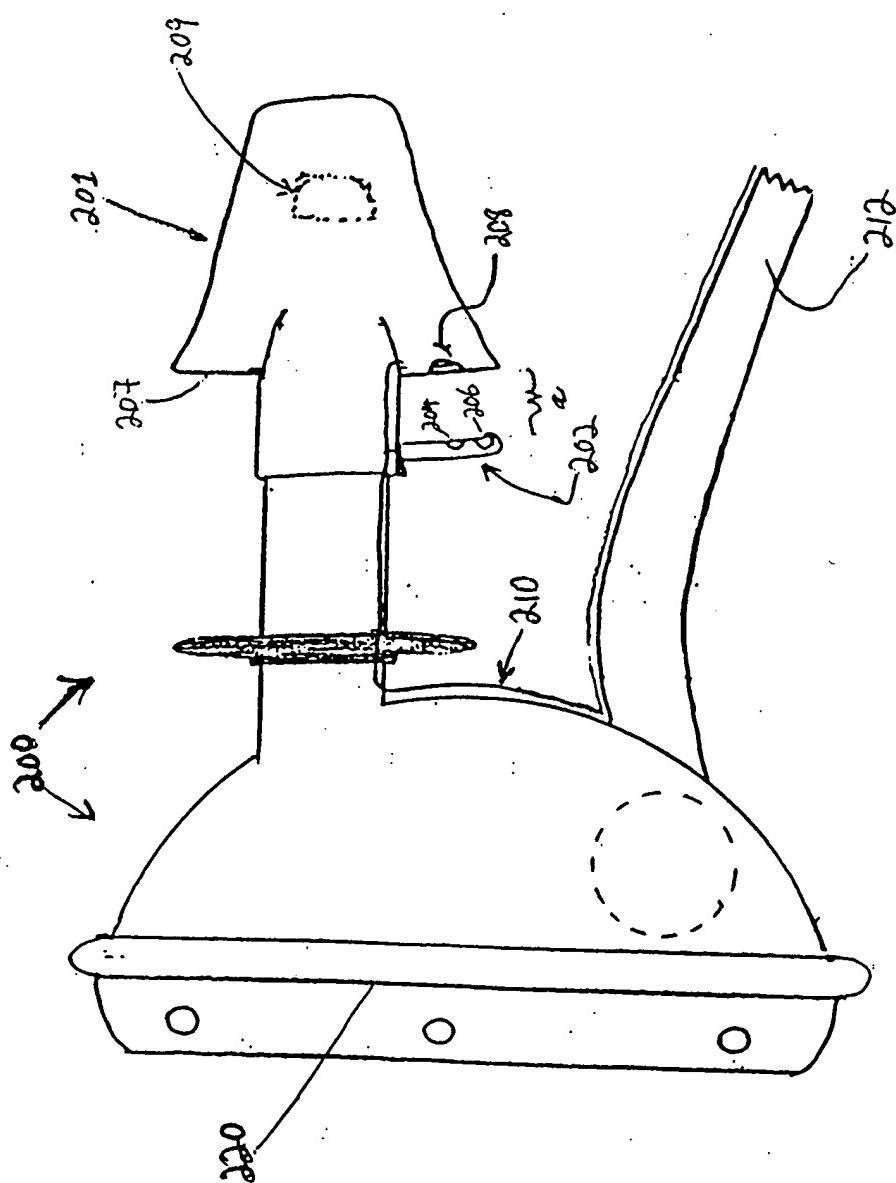
FIGURE 8A

BEST AVAILABLE COPY



BEST AVAILABLE COPY

FIG. 9B



BEST AVAILABLE COPY

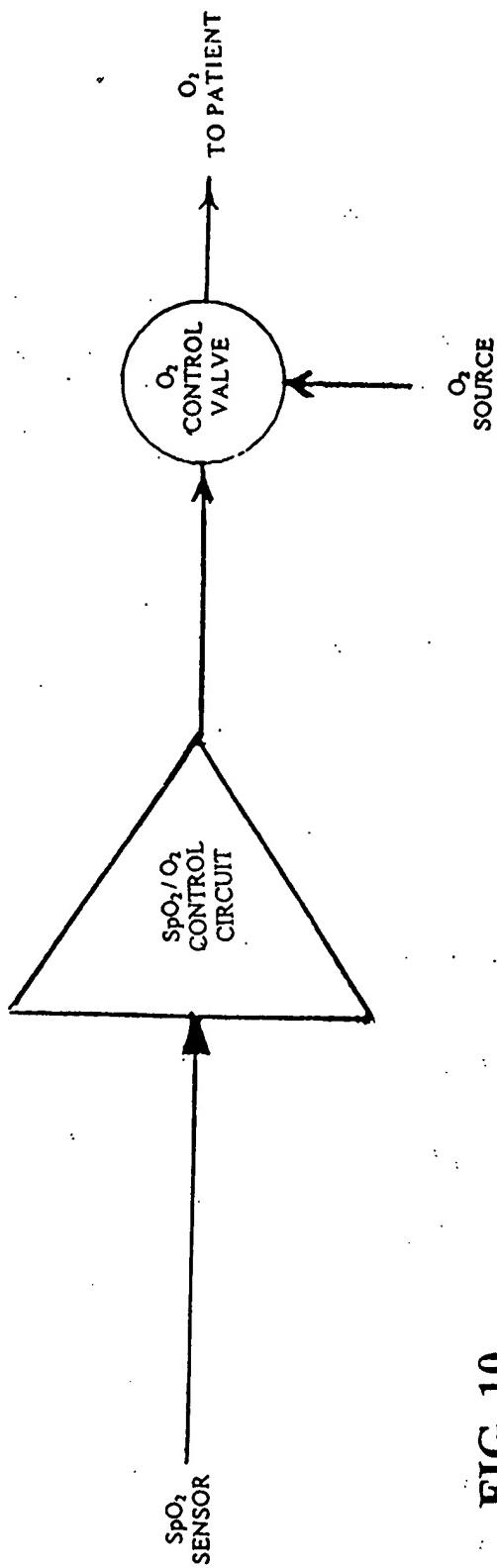
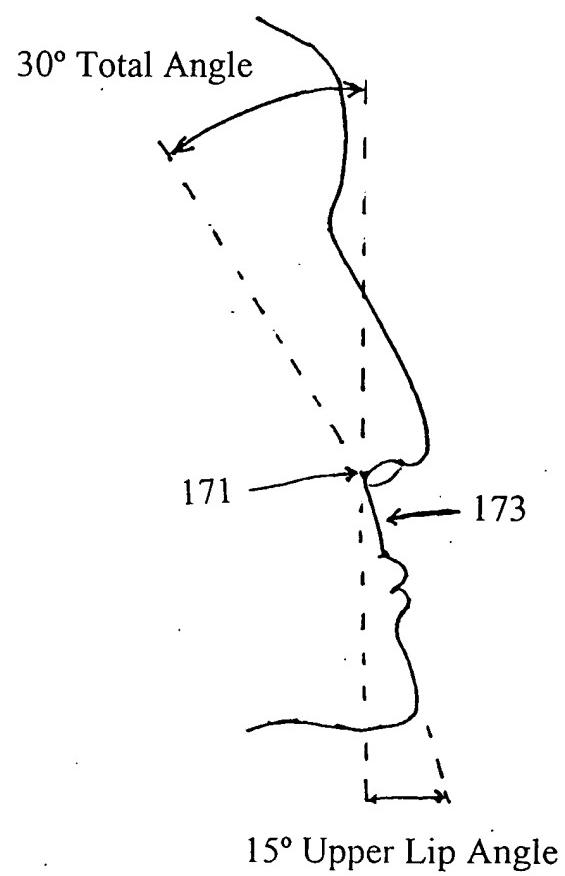


FIG. 10

BEST AVAILABLE COPY

BEST AVAILABLE COPY

Figure 11



BEST AVAILABLE COPY

Figure 12A

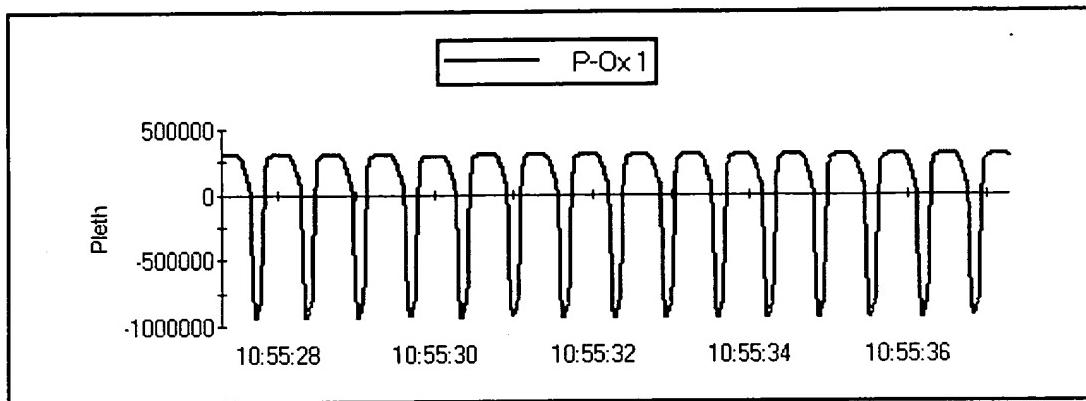
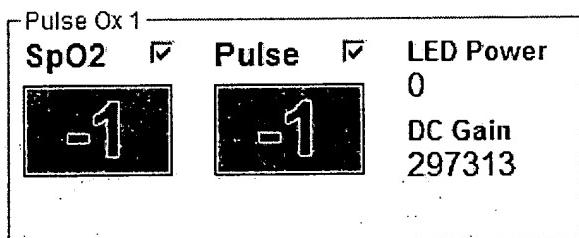


Figure 12B



BEST AVAILABLE COPY

Figure 13A

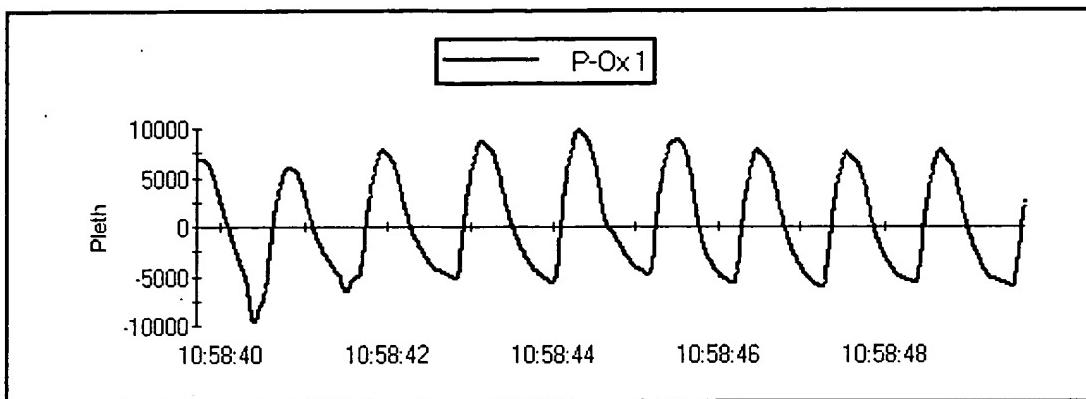
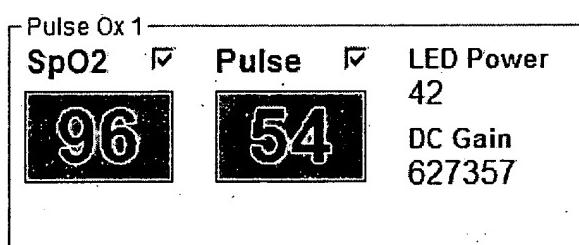


Figure 13B



BEST AVAILABLE COPY

Figure 14A

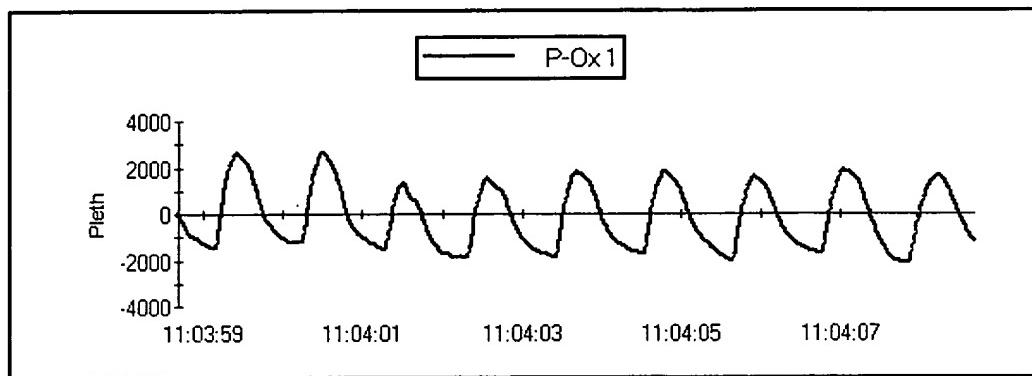
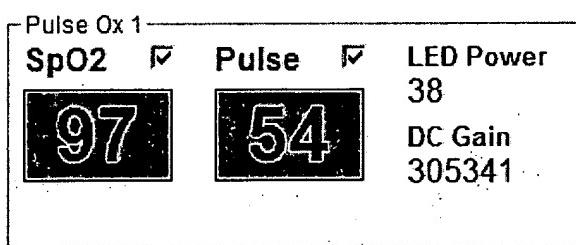


Figure 14B



BEST AVAILABLE COPY

Figure 15A

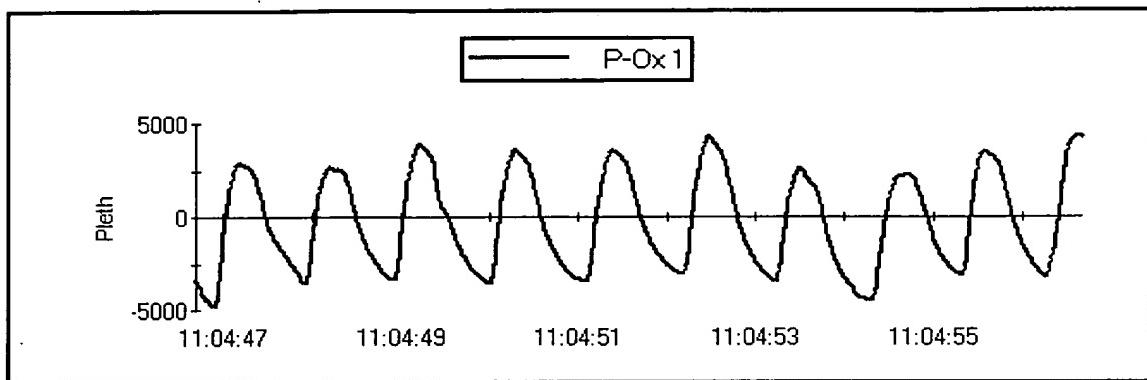
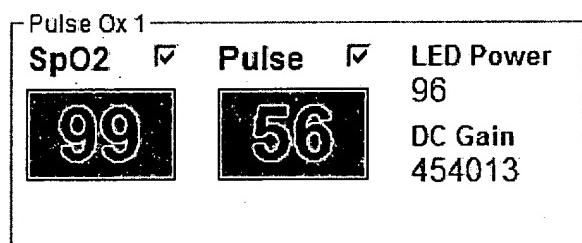
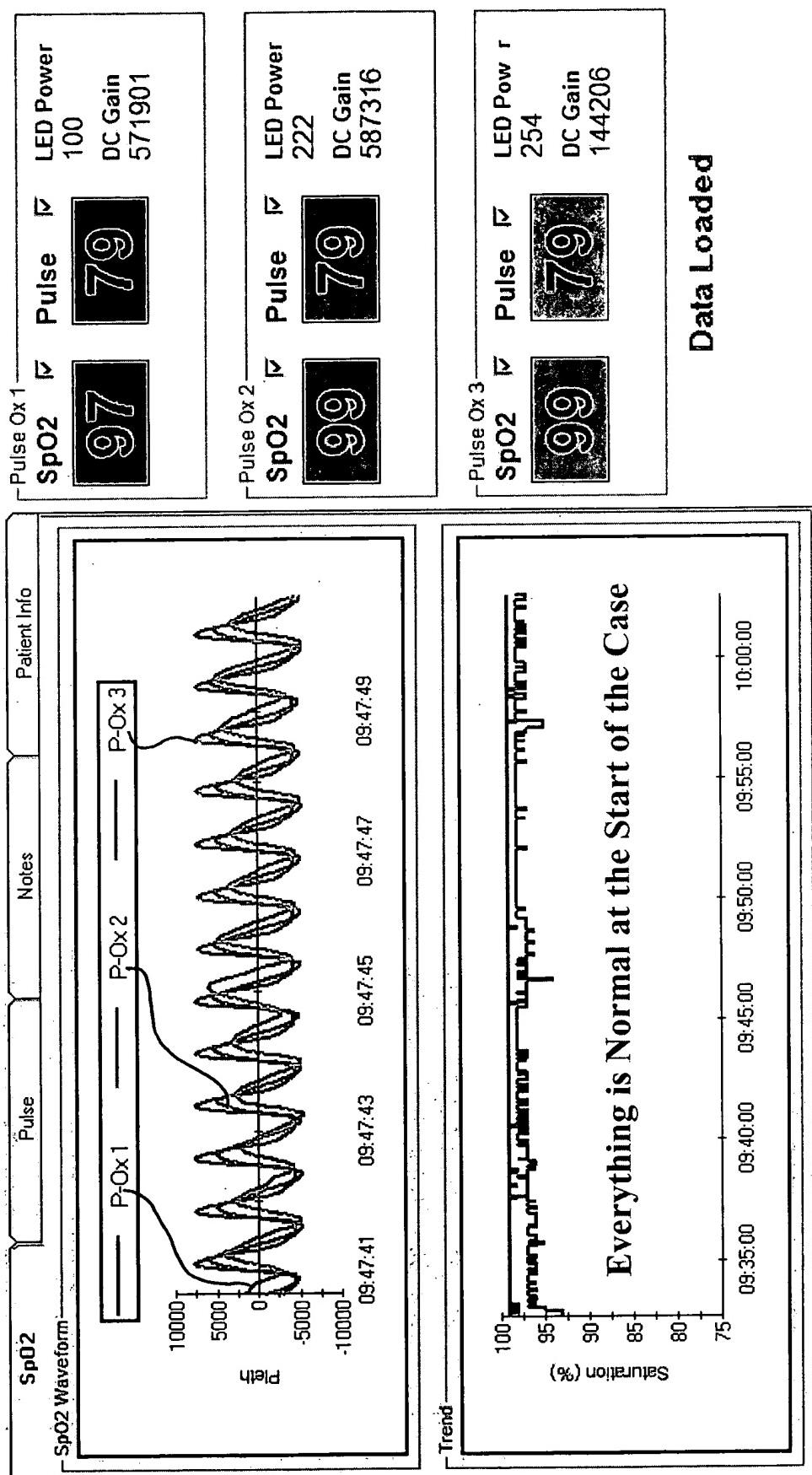


Figure 15B



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Figure 16A



After a Minute the Nasal and Cheek Probes Resumed Functionality and the Finger did Not.

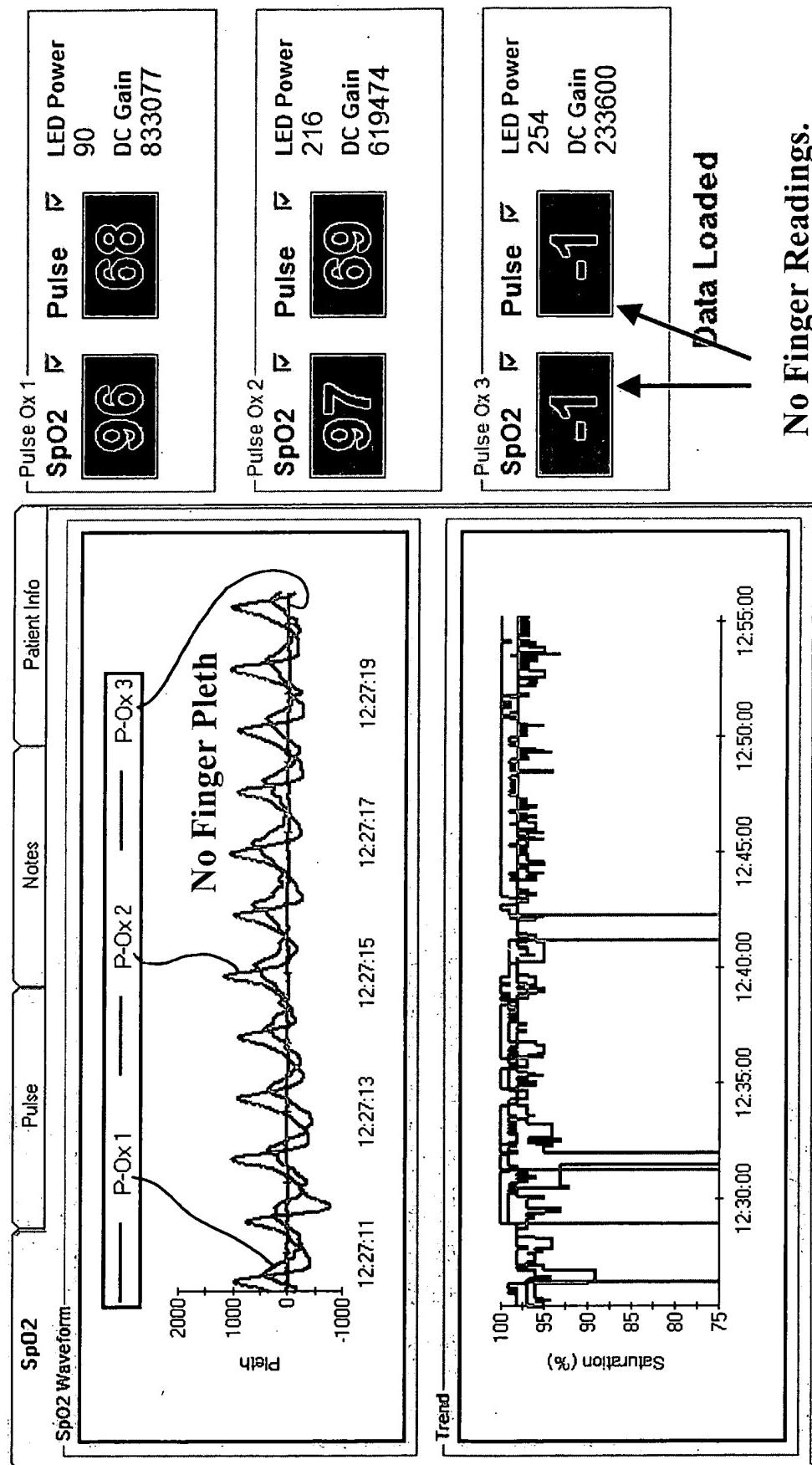


Figure 16B

As the Case was Ending, Flow was Resumed and Everything
was Working Once Again.

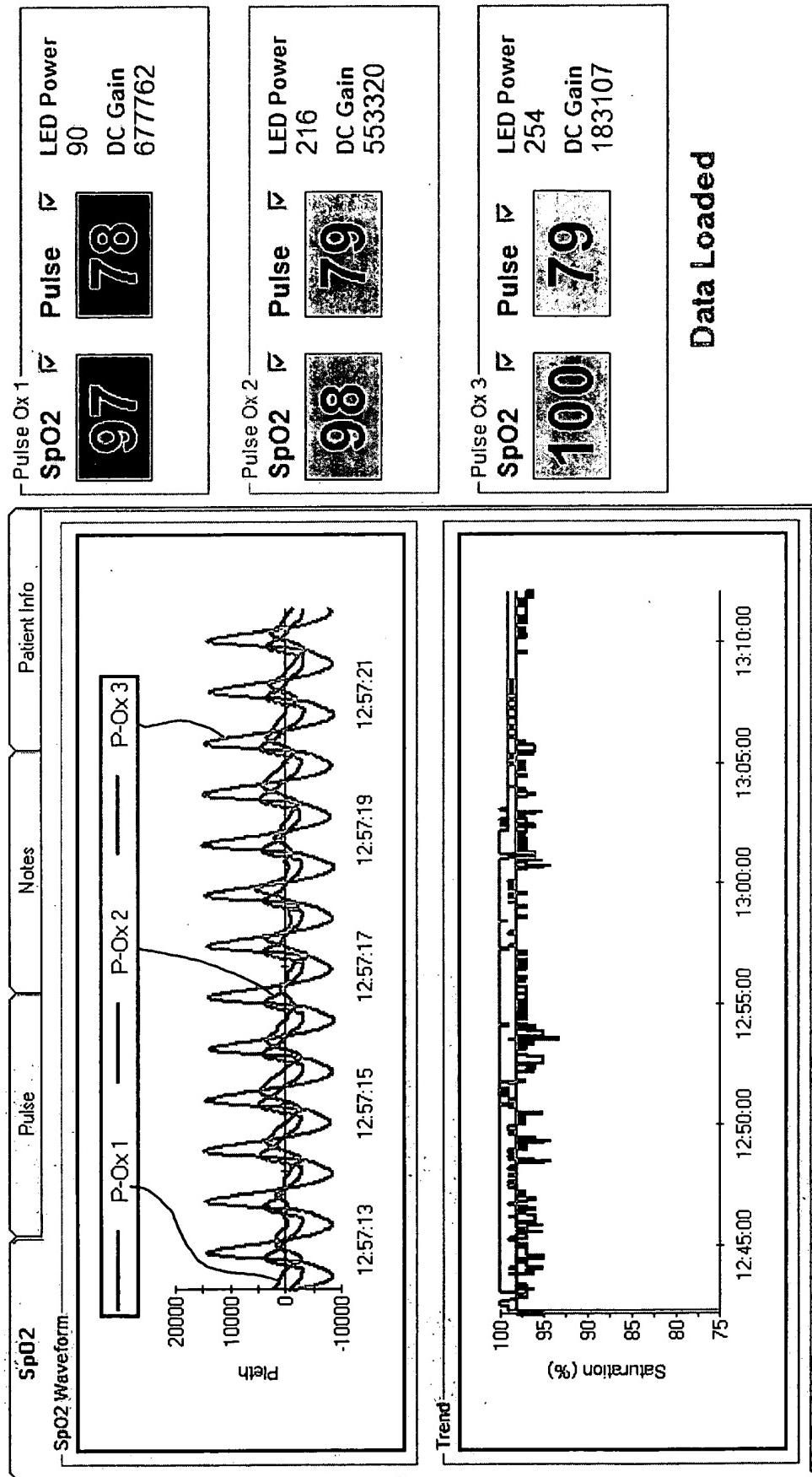
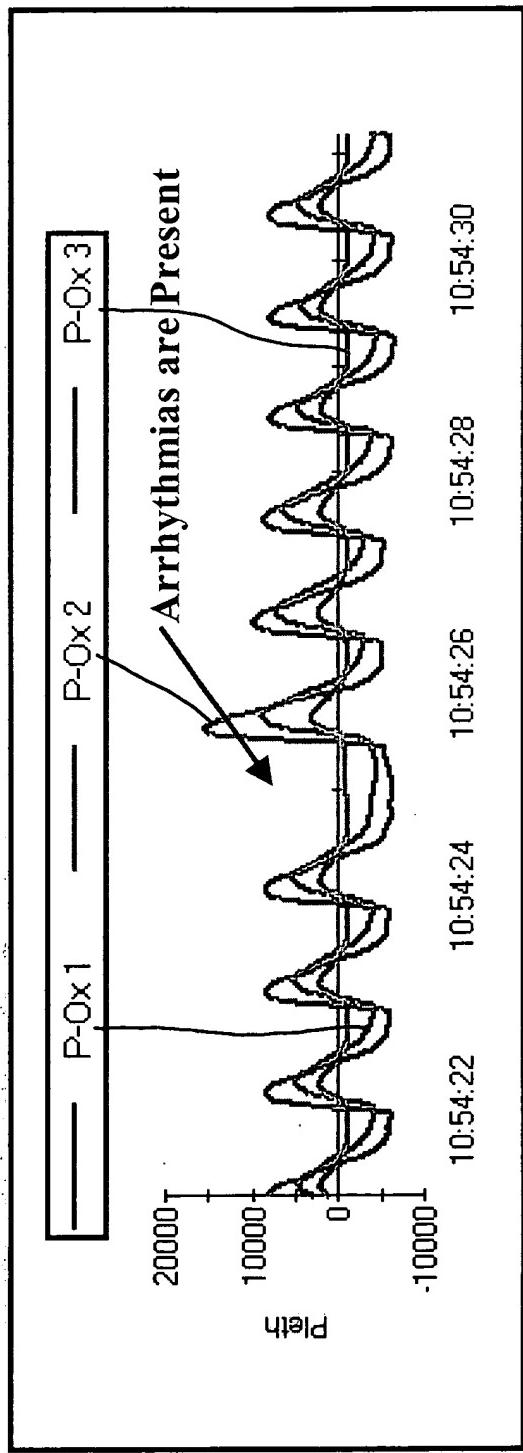


Figure 16C

BEST AVAILABLE COPY

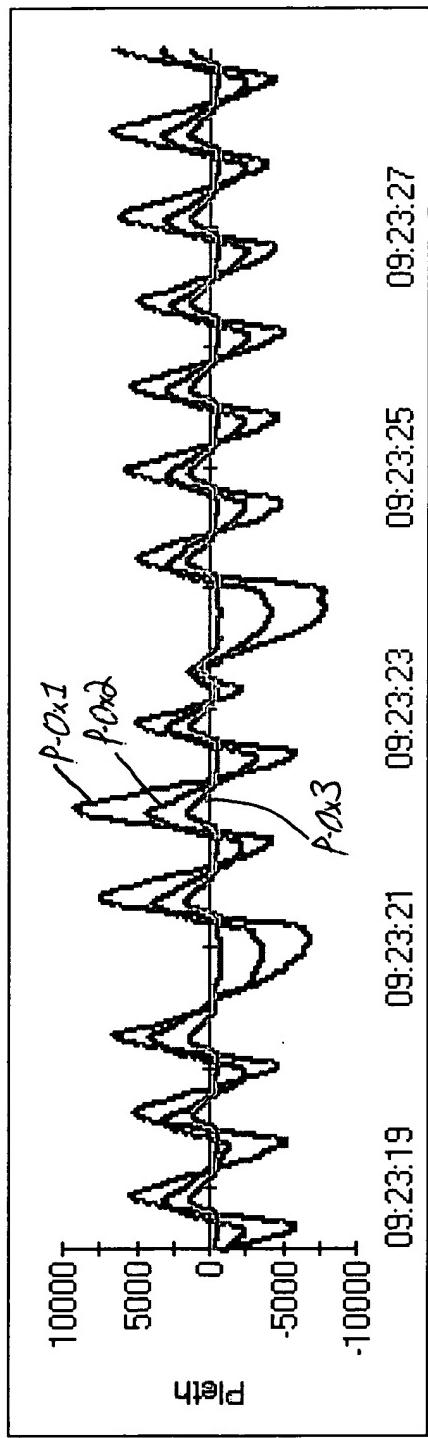
BEST AVAILABLE COPY

Figure 17A



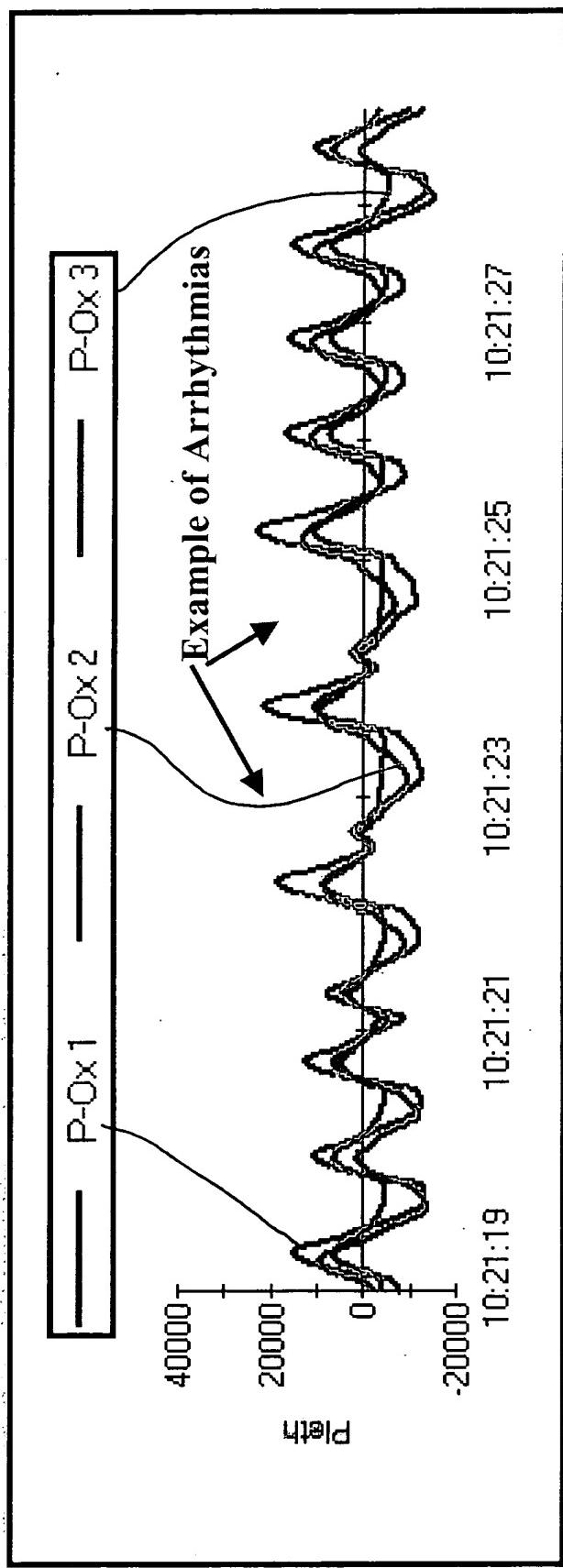
BEST AVAILABLE COPY

Figure 17B



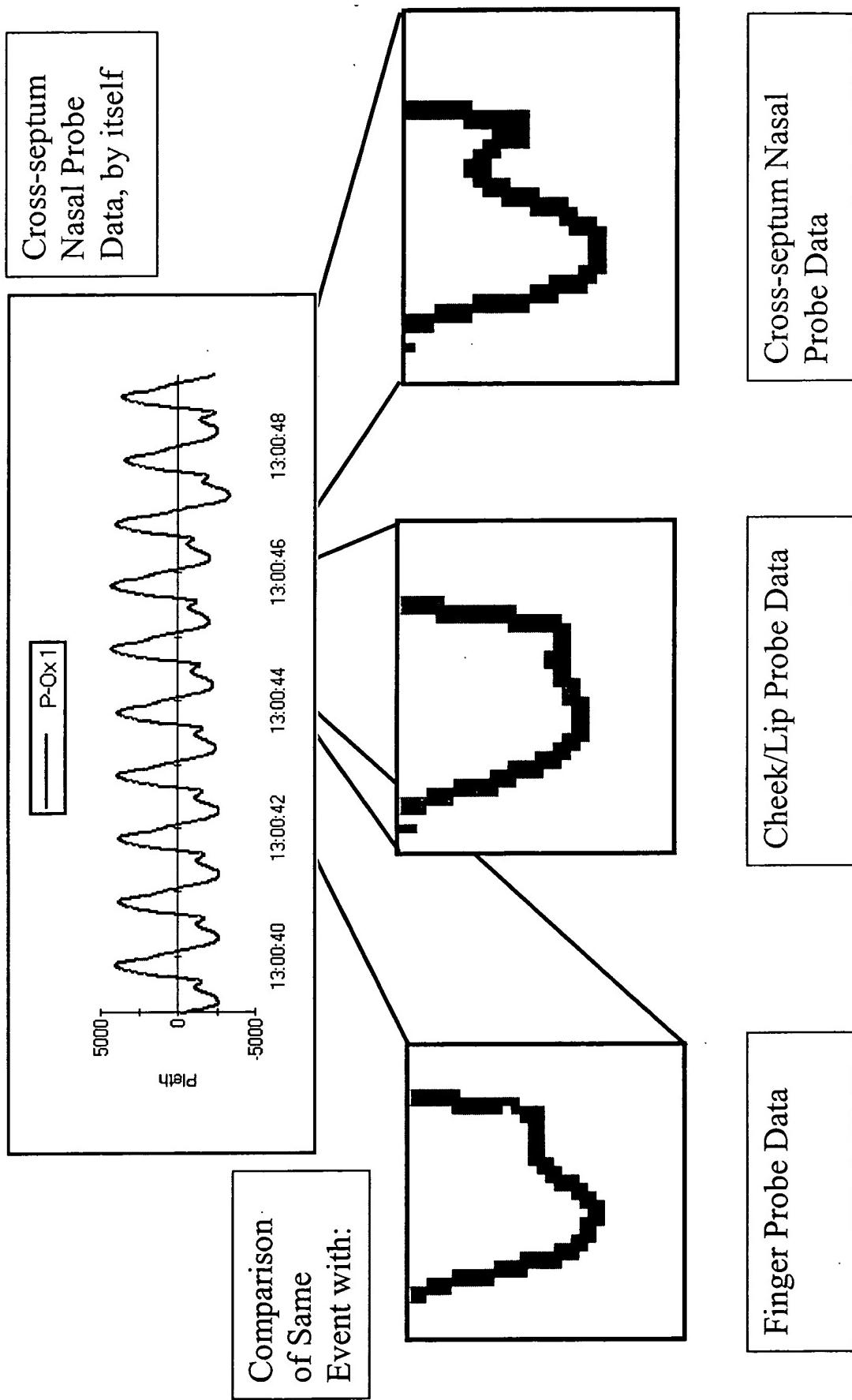
BEST AVAILABLE COPY

Figure 17C



BEST AVAILABLE COPY

Figure 17D



Approx. 0 Degrees. Too inferior and posterior

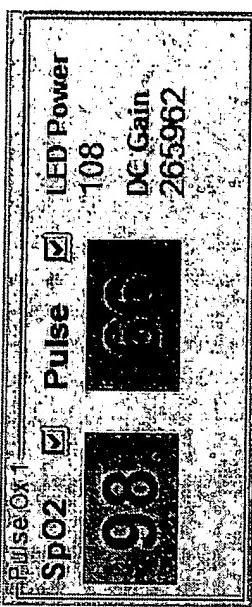


FIG. 18A

Approx. 15 Degrees. Over the Plexus

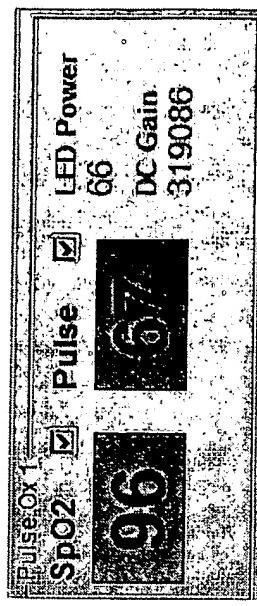


FIG. 18B

Approx. 30 Degrees. Too anterior and superior

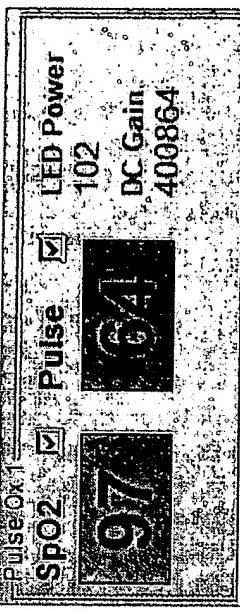
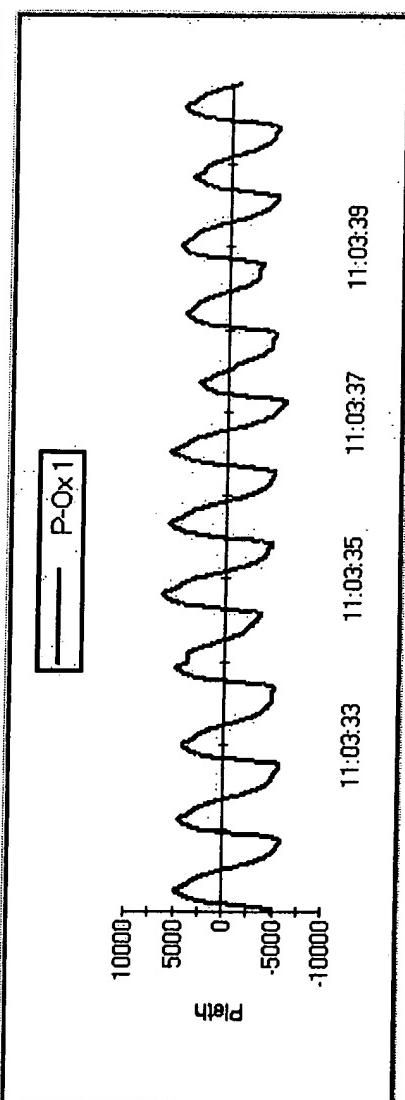
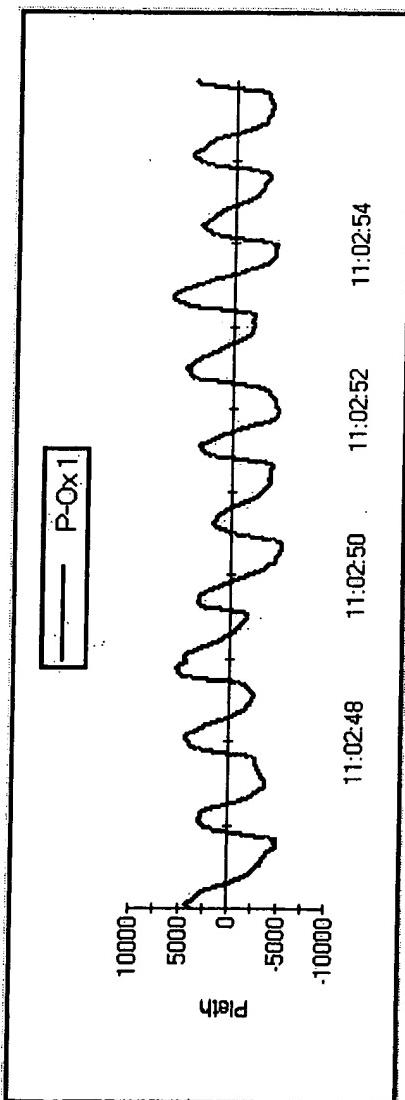
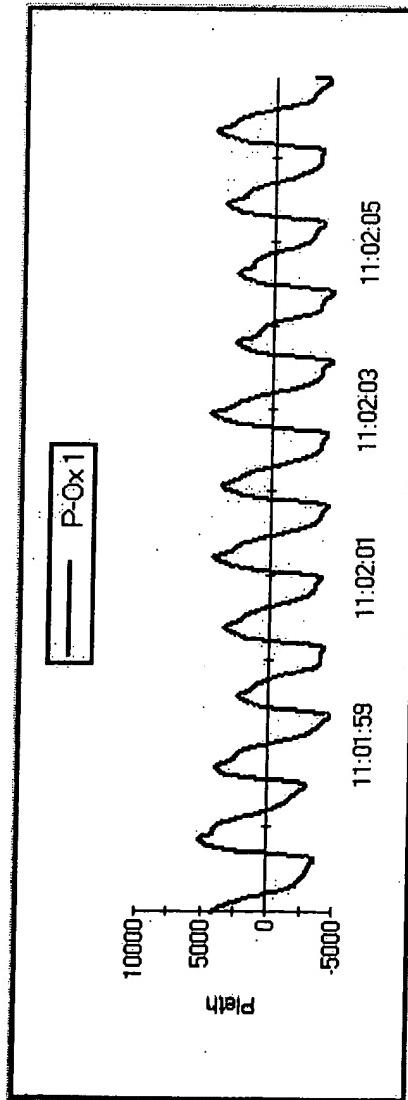


FIG. 18C



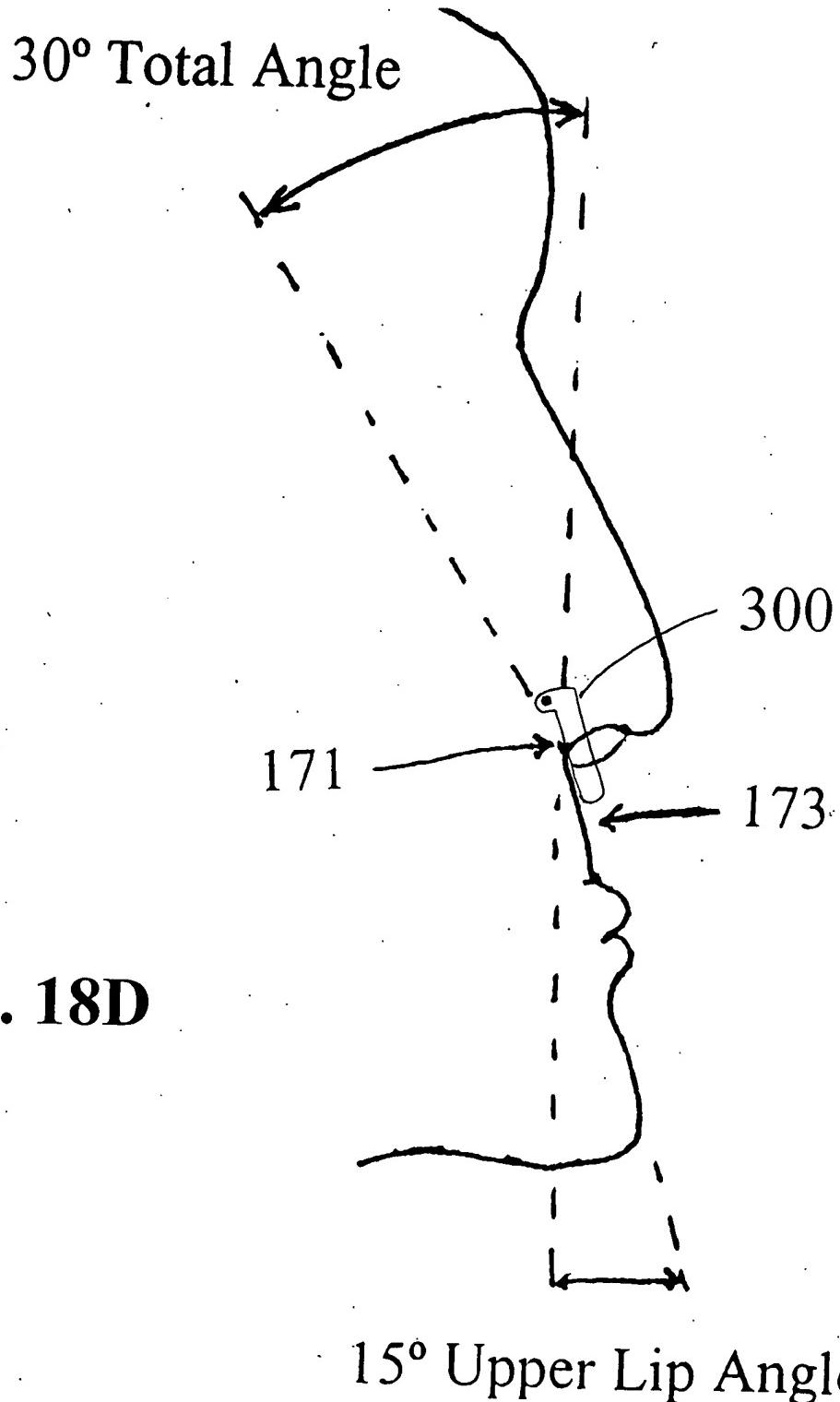


FIG. 18D

BEST AVAILABLE COPY

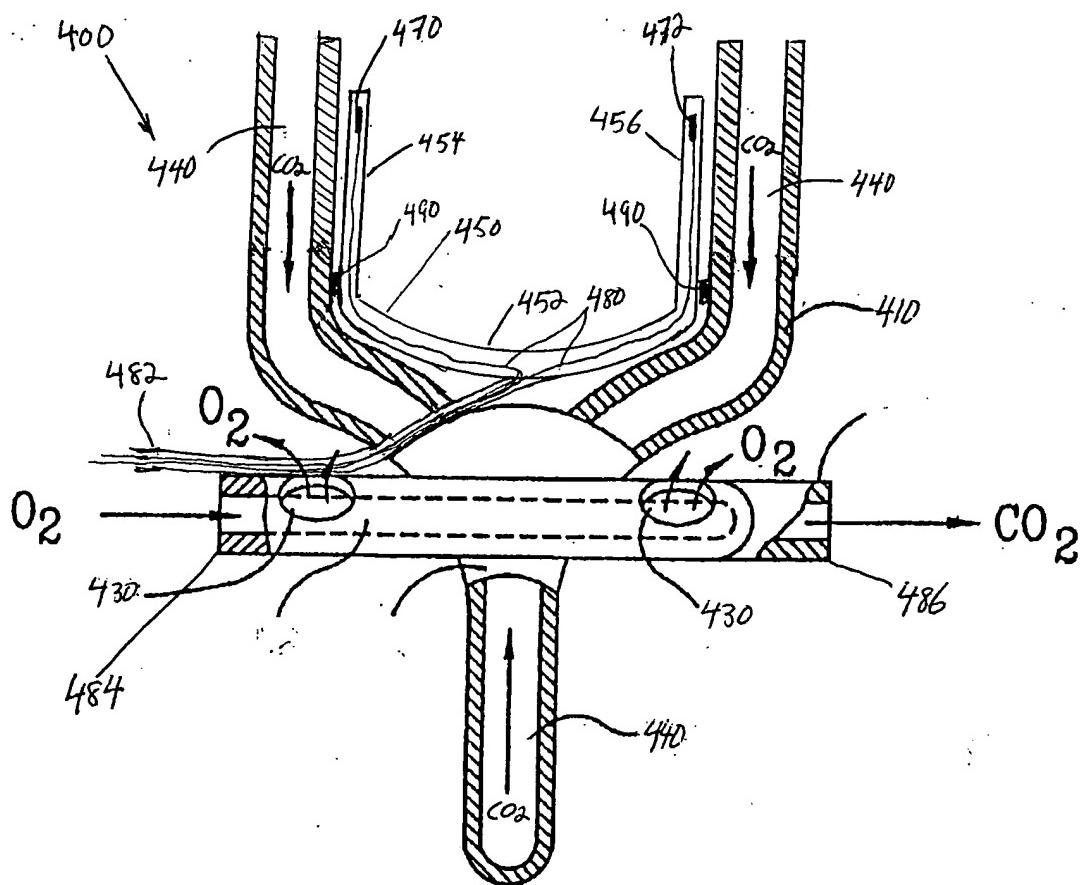


Figure 19A

BEST AVAILABLE COPY

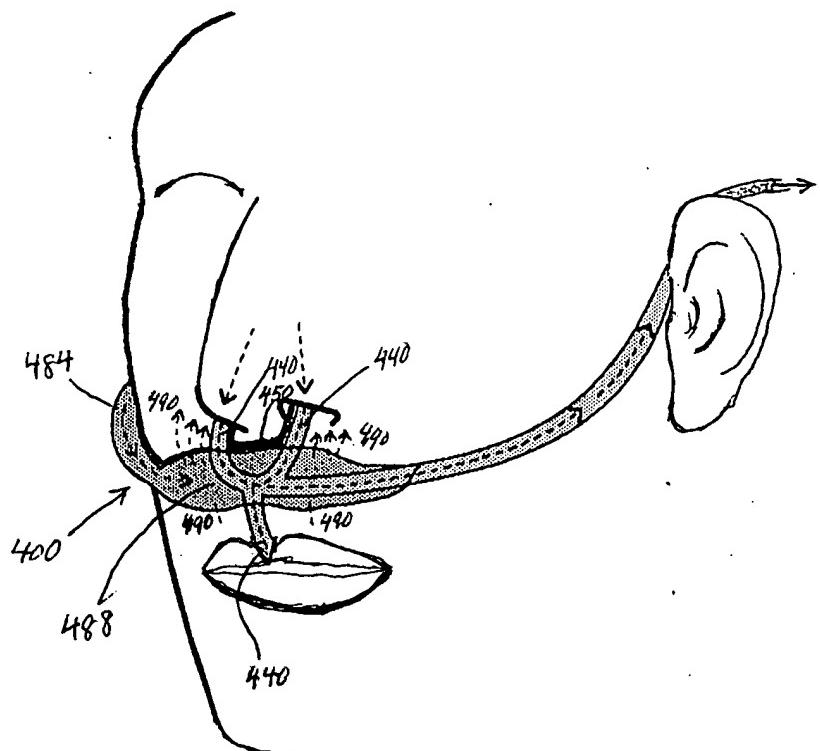


Figure 19B

BEST AVAILABLE COPY